

State of Wisconsin, Plaintiff
-vs-

Amended

Defendant's Name _____

Date of Birth _____

**Petition to Modify
Bifurcated Sentence
§302.113(9g), Wis. Stats.
(Geriatric/Extraordinary
Health Condition)**

Case No. _____

1. I was sentenced for the crime of _____, on [Date] _____.
- The total length of my bifurcated sentence on this count is _____ years, _____ months.
 - My initial term of confinement in prison is _____ years, _____ months.
 - My initial term of extended supervision is _____ years, _____ months.

- I was sentenced for the crime of _____, on [Date] _____.
- The total length of my bifurcated sentence on this count is _____ years, _____ months.
 - My initial term of confinement in prison is _____ years, _____ months.
 - My initial term of extended supervision is _____ years, _____ months.

- I was sentenced for the crime of _____, on [Date] _____.
- The total length of my bifurcated sentence on this count is _____ years, _____ months.
 - My initial term of confinement in prison is _____ years, _____ months.
 - My initial term of extended supervision is _____ years, _____ months.

2. I am not serving a sentence for a Class A or B felony.

3. I have

- A. not previously filed a petition for modification of bifurcated sentence.
OR
 B. previously had a petition for modification of bifurcated sentence denied by the Program Review Committee. The denial was on [Date] _____, and it has been over one year since that denial.
OR
 C. previously had a petition for modification of bifurcated sentence denied by the court. The denial was on [Date] _____, and it has been over one year since that denial.

4. I

- A. am 65 years of age or older and have served at least 5 years of the term of confinement in prison.
OR
 B. am 60 years of age or older and have served at least 10 years of the term of confinement in prison.
OR
 C. have an extraordinary health condition, and have attached affidavits from two (2) physicians setting forth a diagnosis that I have an extraordinary health condition.

5. My attorney's name (if any) _____
Address _____
Telephone _____ Fax _____

6. I request appointment of an attorney.

7. I request sentence modification.

▶ _____
Petitioner

Name Typed or Printed

Date

DISTRIBUTION:

1. Program Review Committee